

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9590 CERTIFICATE OF DEATH

09595

Reg. Dist. No. 60

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:				
COUNTY X Rural Goldsboro	MARYLAND	STATE Maryland	COUNTY Caroline			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)				
TOWN Rural Goldsboro		TOWN Rural Goldsboro				
HOSPITAL OR INSTITUTION OR STREET ADDRESS 50	None	STREET ADDRESS	(If rural give location) None			
3. NAME OF DECEASED: (Type or Print)		4. DATE (Month) (Day) (Year) OF DEATH: 10 5 55 19				
Male	William Eldridge Carney	9. AGE last birthday IF UNDER 1 YEAR Months Days Hours Min. 79 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter	10B. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William H. Carney		14. MOTHER'S MAIDEN NAME: Frances Mathews				
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT & ADDRESS: Ray Carney Goldsboro, Md.		
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 420.1 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.				INTERVAL BETWEEN ONSET AND DEATH Pallidus		
(A) DUE TO Coronary Thrombosis (B) DUE TO Arteriosclerosis Cardiovascular Disease						
(C)						
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.						
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg, etc.) OF INJURY		21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct. 5, 1955 to Oct. 5, 1955, that I last saw the deceased alive on Oct. 5, 1955, and that death occurred at 8:30 AM, from the causes and on the date stated above. SIGNATURE Chester H. St. Neifer M.D.						
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 10/8/55		NAME OF CEMETERY OR CREMATORIAL Union		
DATE REC'D BY LOCAL REGISTRAR 10/8/55		REGISTRAR'S SIGNATURE Act Smith		24. FUNERAL DIRECTOR J. E. Boulaus Greensboro, Md.		
LOCATION (City, town, or county) Rural Goldsboro, Md.				ADDRESS		

RECEIVED

MAY 14 1955

RECEIVED

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

09596

9591

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERSReg. Dist. No. *60*

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
Caroline MARYLAND		Maryland COUNTY Caroline	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN	
Marydel LENGTH OF STAY (In this place)		Marydel	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
None		None	
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)
	Maud	Temple	Hummer
4. DATE OF DEATH	(Month)	(Day)	(Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH
Female	White	Single	6/9/1884
9. AGE last birthday	10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
71 yrs.	None	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
L.N. Hummer	Fannie Barton Temple		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	18. MEDICAL CERTIFICATION
No	None	James L. Hummer Frankford, Del.	INTERVAL BETWEEN ONSET AND DEATH

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
Immediate cause

(a)

Coronary occlusion
Hypertension

few months

5 yr

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause
stating the underlying cause last

(b)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes No

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes accident , suicide , homicide , undetermined .

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)
Burial	10/29/55	Templeville	Templeville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
10/29/55	A. Clark Trout	J. E. Boules Greensboro, Md.	

BUREAU U. S.

RECEIVED

9592

99597
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 64

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)
TOWN FederalsburgLENGTH OF STAY
(in this place)
24 yearsHOSPITAL OR
INSTITUTION OR
STREET ADDRESS

Hurlock Road

3. NAME OF
DECEASED:
(Type or Print)(First)
Harold(Middle)
Clifford(Last)
Layton4. DATE
OF
DEATHOctober
22(Month)
(Day)
(Year)
19 555. SEX:
Male6. COLOR OR
RACE:
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED,
(Specify):
Married10a. USUAL OCCUPATION (Give kind of
work done during most of work life,
even if retired): Farmer10b. KIND OF BUSINESS OR
INDUSTRY:
Farm Owner8. DATE OF BIRTH:
June 18, 18969. AGE last birthday:
59IF UNDER 1 YEAR
yrs.
Months Days Hours Min.

13. FATHER'S NAME:

Melvin Layton

14. MOTHER'S MAIDEN NAME:

Edith Lowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unk.) (If Yes, give war or dates of
service) Yes WW I

16. SOCIAL SECURITY NO.: 218-34-9174

17. INFORMANT & ADDRESS:

Mrs. Edna C. Layton, Federalsburg, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1
Immediate cause(a)
DUE TO

Coronary Atherosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

2 hr.

Antecedent cause(s)

Diseases or conditions, if any, (b)
giving rise to the above cause DUE TO
stating underlying cause last (c)

Hypertension

2 yrs.

Atherosclerosis

?

11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes No 21a. EXTERNAL CAUSE WAS
PRIMARY OR CONTRIBUTING
CAUSE OF DEATH.21d. TIME (Month) (Day) (Year) (Hour)
OF
INJURY M.21b. PLACE (Home, farm, factory,
OF street, office bldg., etc.,
INJURY21e. INJURY OCCURRED
While at Not while
work at work

21c. (City or town) (County)

(State)

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .
SIGNATURECHIEF MEDICAL EXAMINER
DEPUTY MEDICAL EXAMINER
M. D. ASSISTANT MEDICAL EXAM.DATE SIGNED
10/24/5523. BURIAL, CREMATION,
REMOVAL (Specify): BurialDATE REC'D BY LOCAL
REG. OCTOBER 24, 1955

DATE THEREOF Oct. 25, 1955

NAME OF CEMETERY OR CREMATORIAL Oct. 25, 1955 Dorchester Memorial Park Cambridge, Maryland

LOCATION (City, town, or county) (State)

REGISTRAR'S SIGNATURE Margaret H. Frampton

24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.

ADDRESS

BUREAU U. S.

OCT 20 1955

SEARCHED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09598
Item 2, FilmG186 11-3-55 et

9593

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <input checked="" type="checkbox"/> TOWN	Caroline Greensboro—Rural	MARYLAND LENGTH OF STAY (in this place)	STATE COUNTY Md. Caroline
CITY (If outside corporate limits, write RURAL OR and give nearest town)		17 mon.	CITY If outside corporate limits, write RURAL and give nearest town OR TOWN Federalburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Cherry Nursing Home Greensboro, Maryland	STREET ADDRESS	North Main Street Cherry Nursing home
3. NAME OF DECEASED: (Type or Print)	(First) Margaret Jennings	(Middle)	(Last)
5. SEX: Female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed	8. DATE OF BIRTH: Jan. 14, 1882
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired	10B. KIND OF BUSINESS OR INDUSTRY: Bus Driver	9. AGE last birthday: 73 yrs. 9 mos. 2 days	10. IF UNDER 1 YEAR Months Days Hours Min.
13. FATHER'S NAME: A. l. Jennings	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A..	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 213-22-9495	14. MOTHER'S MAIDEN NAME: Kate Mowbray	
18. MEDICAL CERTIFICATION		17. INFORMANT & ADDRESS: Mrs. Dale Elrick—Federalsburg, Md.	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 33IX IMMEDIATE CAUSE ANTECEDENT CAUSE (E) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		INTERVAL BETWEEN ONSET AND DEATH Central Decoerhage Chubbs General Adverselars	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not white <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 5, 1954 to Oct. 16, 1955, that I last saw the deceased alive on Oct. 15, 1955, and that death occurred at 5:30 A.M. from the causes and on the date stated above. SIGNATURE <i>Charles H. Staegeier</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 10/18/55	M. O. Greenbboro, Md. 10/17/55 NAME OF CEMETERY OR CREMATORIUM Hill Crest Cemetery LOCATION (City, town, or county) Federalsburg, Md.
DATE REC'D BY LOCAL REGISTRAR 10/17/55	REGISTRAR'S SIGNATURE <i>L. Mae Peppin</i>	24. FUNERAL DIRECTOR J. J. Frampton and Son, Federalsburg, Md.	ADDRESS

BUREAU U. S.

OCT 31 1955

RECEIVED

9594

09599

Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 62

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct
age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL or TOWN and give nearest town) <i>Rural Hillsboro, Md.</i>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <i>Md.</i> COUNTY <i>Caroline</i> CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN <i>Rural Hillsboro</i>										
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>oo</i>		LENGTH OF STAY (in this place) <i>age</i>										
3. NAME OF DECEASED: (Type or Print) <i>ARLEY</i>		(First) <i>ARLEY</i> (Middle) <i></i> (Last) <i>PINKNEY</i>	4. DATE OF DEATH <i>Oct 24, 1955</i>									
5. SEX: <i>m</i>	6. COLOR OR RACE: <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): <i>Single</i>	8. DATE OF BIRTH: <i>unknown</i>									
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): <i>Farm helper</i>		10b. KIND OF BUSINESS OR INDUSTRY: <i>Farming</i>	11. BIRTHPLACE (State or foreign country): <i>Maryland</i>									
13. FATHER'S NAME: <i>Charles Pinkney</i>		14. MOTHER'S MAIDEN NAME: <i>Mary Banks</i>										
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO.: <i></i>	17. INFORMANT & ADDRESS: <i>Reggie Pinkney, Queen Anne, Md.</i>									
18. MEDICAL CERTIFICATION												
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: <i>431X</i></p> <table border="0"> <tr> <td>Immediate cause <i></i></td> <td>(a) DUE TO <i>Miscarriage: Cervical</i></td> <td>INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i></td> </tr> <tr> <td>Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last</td> <td>(b) DUE TO <i>Expansion</i></td> <td></td> </tr> <tr> <td></td> <td>(c)</td> <td></td> </tr> </table> <p>II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.</p>				Immediate cause <i></i>	(a) DUE TO <i>Miscarriage: Cervical</i>	INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO <i>Expansion</i>			(c)	
Immediate cause <i></i>	(a) DUE TO <i>Miscarriage: Cervical</i>	INTERVAL BETWEEN ONSET AND DEATH <i>Unknown</i>										
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO <i>Expansion</i>											
	(c)											
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc.) OF INJURY	21c. (City or town) <i>Sandtown</i>	(County) <i>Hillsboro</i>	(State) <i>Md.</i>								
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>Oct. 27, 1955</i>	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?										
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE <i>Dansey D. George</i>												
23. BURIAL, CREMATION, REMOVAL (Specify): <i>Burial</i>	DATE THEREOF <i>Oct. 27, 1955</i>	NAME OF CEMETERY OR CREMATORIAL <i>Sandtown</i>	LOCATION (City, town, or county) <i>Hillsboro, Md.</i>	(State) <i>Md.</i>								
DATE REC'D BY LOCAL REG. <i>10/22/55</i>	REGISTRAR'S SIGNATURE <i>Dansey D. George</i>	24. FUNERAL DIRECTOR ADDRESS <i>D. George Mortuary, Denton</i>										

BUREAU V. S.

DEC 31 1955

RECEIVED

9595

CERTIFICATE OF DEATH

Reg. Dist. No.

64

1. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL
OR and give nearest town)

TOWN Federalsburg

LENGTH OF STAY
(In this place)

69 years

HOSPITAL OR
INSTITUTION OR
STREET ADDRESS

301 Buena Vista Avenue

3. NAME OF
DECEASED:
(Type or Print)

(First) John

(Middle) Warren

(Last) Stowell

5. SEX: Male

6. COLOR OR
RACE: White10A. USUAL OCCUPATION (Give kind of
work done during most of working life,
even if retired): Printer - J.W. Stowell Printing7. SINGLE, MARRIED,
WIDOWED, DIVORCED.
(Specify): Widowed8. DATE OF BIRTH:
June 4, 18699. AGE last birthday
86 yrs.10. IF UNDER 1 YEAR
Months Days Hours Min.

13. FATHER'S NAME:

Henry F. Stowell

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unk.) If Yes, give war or dates
of service) No16. SOCIAL SECURITY NO.
220-32-8561

14. MOTHER'S MAIDEN NAME:

Annie Hurr

17. INFORMANT & ADDRESS:

John W. Stowell, Jr., Federalsburg, Md.

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1
IMMEDIATE CAUSE(A)
DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH
1 hr.

ANTECEDENT CAUSE (B)

DISEASES OR CONDITIONS, IF ANY,
GIVING RISE TO THE ABOVE CAUSE
STATING UNDERLYING CAUSE LAST.(B)
DUE TO

(C)

Hypertension

5 yrs.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION:

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO 21A. ACCIDENT WAS UNDERLYING
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)21B. PLACE (Home, farm, factory,
street, office bldg., etc.)
OF INJURY21C. WHERE DID (City or town)
INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
While Not while
at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/5/55, to 10/5/55 that I last saw the deceased
alive on 10/5/55 and that death occurred at 6:30 A.M. from the causes and on the date stated above.
SIGNATURE *J. W. Anderson* ADDRESS DATE SIGNED
Oct. 6, 195523. BURIAL, CREMATION,
REMOVAL (SPECIFY)
BurialDATE THEREOF
Oct. 8, 1955NAME OF CEMETERY OR CREMATORIAL
Hill Crest CemeteryLOCATION (City, town, or county) (State)
Federalsburg, MarylandDATE REC'D BY LOCAL
REGISTRAR
October 8, 1955REGISTRAR'S SIGNATURE
Margaret N. Frampton

24. FUNERAL DIRECTOR

ADDRESS
J.J. Frampton and Son, Federalsburg, Md.

DUKEAU V. S.

DO. 17 1955

WILCOX